Lessons From the Practice

Clinical Note—Doctor-Patient Bonding

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Personal illness has a way of sharpening the clinical acuity of physicians. At least it did for me, a psychiatrist, recently recovered from a severe fever of undetermined origin. The experience taught me more about doctor-patient bonding than I had ever expected to know.

The fever, a vicious affair, repeatedly spiked at 102.8°F while the immature forms of my leukocytes "banded" at a 60% rate. As my condition worsened, treatment at a local teaching hospital became imperative.

I had just returned from the Marquesas Islands, and though I never convinced the medical staff, I thought I had dengue fever. Granted my medical history was a bit unusual, yet I was surprised and finally peeved at having to repeat it at least eight times. As it turns out, the business of repeating a medical history numerous times may not be unusual. In fact, repetition may be a necessary ingredient for developing an enduring doctor-patient relationship.

Initially I gave a detailed history to my physician in his office. He listened attentively and, once he was convinced I needed to be admitted to hospital, called the admissions office and relayed my history to expedite my path to a hospital bed. When I arrived at the hospital, I gave all the ritual numbers of birth, insurance, and customary personal whereabouts to the admissions office. Then I was asked what eventually became a litany: "In your own words, would you tell me about your condition from the time you first noticed something wrong?" I did, only to repeat the process again with the admitting nurse, the charge nurse, the intern, the resident, the visiting exchange resident, various attending physicians, the chief of the Infectious Diseases Service, and the chief of Medicine.

It was not easy to report my medical history over and over. Given my murky sensorium, after a few repetitions the details tended to run together and blur, leaving a sense of not having it right. Repetition of the facts generated new facts demanding to be integrated into the elaborated account. No patient wishes to appear inconsistent or, worse, confused. Knowing any inconsistency could stir the interrogators to more questions, including a request to repeat it all again from the beginning, I tried, as best I could, to settle for a standard form.

One interrogator pressed for the precise time of onset, a detail that failed to interest the next, who was preoccupied with the exact site of my headaches. Neither of these points interested the third interrogator, who encouraged me to enlarge in detail on past reactions to fevers. Finally, simmering with fever and unable to concentrate, my only wish was for an end to the questioning.

As the fever subsided, my mind cleared, and during my convalescence the obvious emerged. Those asking for a personal account of my misery all bore clinical responsibility for my care. I realized they consistently did two things: First, each asked me to relate the story of my present illness firsthand, and then each touched me. Initially I attributed their need for a personally recounted history to some hidden concern about hearsay or inaccurate information, but given the overwhelming duplication of facts on the chart and in their consultations, fear of misinformation could not be it. Finally, as I came to see it, the need for my repeating my history was part of a professional ritual, the process of establishing a relationship with me.

My interrogators requested my version of why I was in the hospital in order for me "to be," in order for them to hear "me." Albeit unconsciously, they were developing their personal data bank as a necessary part of the process of converting me from a case into their patient. My account was a necessary part of becoming their patient. Without my personal contribution, I would remain nothing more than an interesting diagnostic challenge. Without my personal account, there could be no emotional bond between me and my physician.

The other unfailing action of these physicians was to touch me. A few, unhesitatingly and without introduction, reached out and took my hand. Some palpated my aching limbs, others pressed my nailbeds, but all involved in my care, nurses included, never failed to touch me. It was as if they were sealing the bond by touching the patient.

While my immediate reflections about physicians' behaviors ceased with the return of health, the various ways they bond with their patients remain an open and interesting consideration for me. No matter the specialty, my experience with the doctor-patient relationship as a patient has led me to expect a sustained, caring commitment from my physician.

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"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.

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